PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)		
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			015280-368240US		
Application Number 10/815,340			Filed March 30, 2004		
For MUCOSAL CYTOTOXIC T LYMPHOCYTE RESPONSES					
Art Unit 1648			Examiner Nicole Kinsey White		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		<u>Fee</u>	Small Entity Fee		
	One mon th (37 CFR 1.17(a)(1))	\$130	\$65	\$	
	T wo months (37 CFR 1.17(a)(2))	\$490	\$245	\$_490	
	Three mont hs (37 CFR 1.17(a)(3))	\$1110	\$555	\$	
	Four m onths (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
	Five mo nths (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
	Applicant claims small entity status. See 37 CFR 1.27.				
	A check in the amount of the fee is enclosed.				
	Payment by credit card. Form PTO-2038 is attached.				
\boxtimes	The Director has already been authorized to charge fees in this application to a Deposit Account.				
\boxtimes	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430				
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number 32,928					
	attorney or agent under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34					
Bream W. Por July 2, 2009					
_	Signature		July 2, 2009 Date		
	Brian W. Poor, Reg. No. 32,928		206-467-9600		
_	Typed or printed name		Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than					
one signature is required, see below.					
│ ∐	otal of forms are sub	omitted.			